

Street Vendor's Permits

License Expires 12-31

Mobile – Street Vendor's Permit

*Applicant will need to have cover sheet signed off by License Division if selling food.

*If selling food, applicant will set up appointment with Inspectional Services-Food Protection Programs, 25 Meade St., Room #100. (Inspectional Services will sign Application, when requirements are satisfied).

*Applicant submits all above documents to License Division.

*Applicant pays \$54.00 fee. (No fee is required if applicant has a State Hawkers and Peddlers License).

*Note all youth applicants must provide a valid work permit issued by Worcester Schools.

* Applicant is photographed.

Permit Issued to applicant.

Stationary – Street Vendor's Permit

*Applicant will need to have cover sheet signed off by License Division if selling food.

*Applicant will go to Engineering Permit Division, 20 East Worcester St.
(Engineering Permit Division will sign application, when requirements are satisfied).

*If selling food, applicant will set up appointment with Inspectional Services-Food Protection Programs, 25 Meade St., Room #100. (Inspectional Services will sign application, when requirements are satisfied).

*Applicant submits all above documents to License Division.

*Applicant pays \$54.00 fee. (No fee is required if applicant has a State Hawkers and Peddlers License).

*Note all youth applicants must provide a valid work permit issued by Worcester Public Schools.

*Applicant is photographed.

Permit Issued to applicant



The City of WORCESTER

Police Department

Paul B. Saucier, Interim Chief of Police

9-11 Lincoln Square, Worcester, MA 01608

P | 508-799-8600 F | 508-799-8680

WPD@worcesterma.gov

In accordance with Chapter 14 Section 2 of the Ordinances of the City of Worcester City and as issued and regulated by the Chief of Police, I hereby make application for a Hawkers and Peddlers License.

Full Name: _____ Date: _____
Last First M.I.
Address: _____
Street Address City, State Zip Code
Home Phone: () Business Phone: ()
Date of Birth: _____ Driver's License No: _____
Applicant's Signature _____ SS#: _____

We hereby certify that the above-named applicant is a person of good repute and character.

Name (Please Print Legibly)	Residential Address	Phone No.	Signature
Name (Please Print Legibly)	Residential Address	Phone No.	Signature
Name (Please Print Legibly)	Residential Address	Phone No.	Signature

Please state in detail your reason(s) for seeking this license listing explicitly the nature of the items you wish to offer for sale, proposed hours and location(s) of operation. (Use an additional sheet if required)

(1) Hours of operation: _____

(2) Location(s) of sites where sales will be conducted: _____

(3) Description of goods, wares, or merchandise of goods being sold: _____

(4) Names and residential addresses of any person who will be assisting the licensee with conducting business at the site: _____

(5) Vehicle state registration number and description of ANY vehicles used by the licensee in conducting business at the site: _____

***The licensee shall immediately report to the Worcester Police Department License Division any changes in the information listed in this section.

Local Background Completed _____

BOPS Check Completed _____

Paul B. Saucier

Interim Chief of Police

Application: ☐ Approved ☐ Not Approved



The City of **WORCESTER**

Police Department

Paul B. Saucier, Interim Chief of Police

9-11 Lincoln Square, Worcester, MA 01608

P | 508-799-8600 F | 508-799-8680

WPD@worcesterma.gov

Name: _____ DOB: _____

Worcester Police Licensing Unit:

9-11 Lincoln Square, Worcester, MA 01608, 508-799-8648

Approve: _____ Disapprove: _____

Reason for Disapproval:

Signature of Officer: _____ Date: _____

Engineering Permit Division:

20 East Worcester Street, Worcester, MA 01608, 508-799-1454

Approve: _____ Disapprove: _____

Reason for Disapproval:

Signature: _____ Date: _____

Inspectional Services – Food Protection Program:

25 Meade Street, Room 100, Worcester, MA 01608, 508-799-1198

Approve: _____ Disapprove: _____

Reason for Disapproval:

Signature: _____ Date: _____